

Office Policies

Evergreen Family Dental

Thank you for choosing Evergreen Family Dental as your dental provider. We are committed to provide the best dental treatment. The following is a statement of our office policies, which we require you to read and sign prior to any treatment.

Insurance Claims

We will gladly process insurance claims for you. Most insurance companies do not cover all charges at 100% and your estimated co-pay and deductible are due at the time of service.

Usual and Customary Fees

Evergreen Family Dental is committed to provide the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees.

Minor Patients

Non-emergency treatment will be denied for unaccompanied minors. The approval of a parent or legal guardian is required before any treatment can be started. The adult accompanying the minor at the time of service is responsible for paying for that treatment.

Cancellations and Missed Appointments

If a weekday appointment needs to be cancelled or reschedule, please give us 48 hours notice. We charge \$60 per hour without 48 hours notice. This makes up for the time that was reserved for the planned procedures. **For a Saturday appointment cancellation, 7 days notice is required. We charge \$100 per hour without sufficient notice for a Saturday appointment.**

Delinquent Accounts

Any account that is unpaid for over 60 days will acquire 1.5% interest each month. If we are working to get the balance paid by an insurance company, we will waive the interest charges.

Transferring or Duplication Records

We are required to keep original records and X-rays in our office for 7 years by Washington State Law. If you need a copy of your record, we will process with your written request (fee may apply).

Payments and Co-Pays are due at the time of treatment unless prior arrangement have been approved.

Thank you for understanding. Please let us know if you have any questions.

Signature of Patient or Legal Guardian _____ **Date** _____